

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Texas

Case number (If known): _____ Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Carl

First name

Randolph

Middle name

Chaney

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Sandra

First name

King

Middle name

Chaney

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name_____
Middle name_____
Last name_____
Business name (if applicable)_____
Business name (if applicable)_____
First name_____
Middle name_____
Last name_____
Business name (if applicable)_____
Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 8 3 5

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - 1 4 6 3

OR

9xx - xx - ____ ____ ____ ____

| | | | |
|----------|---------------|-----------------|---------------|
| Debtor 1 | Carl | Randolph | Chaney |
| Debtor 2 | Sandra | King | Chaney |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Your Employer Identification Number (EIN), if any.**

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

5. Where you live

22727 Fincastle Dr.
Number Street

Number Street

Katy, TX 77450
City State ZIP Code

City State ZIP Code

Harris
County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No.

☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2**Carl**
Sandra
First Name**Randolph**
King
Middle Name**Chaney**
Chaney
Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a *small business debtor* or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a *small business debtor* or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2**Carl**
Sandra
First Name**Randolph**
King
Middle Name**Chaney**
Chaney
Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1
Debtor 2**Carl**
Sandra
First Name**Randolph**
King
Middle Name**Chaney**
Chaney
Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

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Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☒ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Carl Randolph Chaney

Carl Randolph Chaney, Debtor 1

Executed on 08/30/2023
MM/ DD/ YYYY**X** /s/ Sandra King Chaney

Sandra King Chaney, Debtor 2

Executed on 08/30/2023
MM/ DD/ YYYY

Debtor 1
Debtor 2**Carl**
Sandra
First Name**Randolph**
King
Middle Name**Chaney**
Chaney
Last Name

Case number (if known) _____

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X**/s/ Pete W. Weston**

Signature of Attorney for Debtor

Date **08/30/2023**

MM / DD / YYYY

Pete W. Weston

Printed name

Weston Legal, PLLC

Firm name

177 West Gray

Number Street

Houston

City

TX

State

77019

ZIP Code

Contact phone **(713) 623-4242**Email address **bankruptcy@westonlegal.com****2132300, SDTX 272**

Bar number

TX

State

Fill in this information to identify your case and this filing:

| | | | |
|--|---------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern</u> District of <u>Texas</u> | | | |
| Case number | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 Residential homestead

Street address, if available, or other description

22727 Fincastle Dr.Katy, TX 77450

City State ZIP Code

Harris

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: LT 22 BLK 25 WEST MEMORIAL SEC 2

Source of Value:

Debtor's opinion of value, including consideration of Harris County Appraisal District; 2023 Market Value \$308,805

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$256,747.00

Current value of the portion you own?

\$256,747.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$256,747.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

- 3.1 Make: Toyota Who has an interest in the property? Check one.
 Model: Camry 4D ☒ Debtor 1 only
 Year: 2017 ☐ Debtor 2 only
 Approximate mileage: 46,000 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$10,000.00

Current value of the portion you own?

\$10,000.00

Other information:

wife drives vehicle

If you own or have more than one, describe here:

- 3.2 Make: Ford Who has an interest in the property? Check one.
 Model: E450 VN ☒ Debtor 1 only
 Year: 2003 ☐ Debtor 2 only
 Approximate mileage: 70,000 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$3,000.00

Current value of the portion you own?

\$3,000.00

Other information:

husband drives vehicle

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☒ Yes

- 4.1 Make: Homemade Who has an interest in the property? Check one.
 Model: Trailer Boat ☒ Debtor 1 only
 Year: 1986 ☐ Debtor 2 only
 Other information: ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$100.00

Current value of the portion you own?

\$100.00

If you own or have more than one, list here:

- 4.2 Make: Mark 5 Who has an interest in the property? Check one.
 Model: BRL Trailer ☒ Debtor 1 only
 Year: 1981 ☐ Debtor 2 only
 Other information: ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$100.00

Current value of the portion you own?

\$100.00

- 4.3 Make: Chaparral Who has an interest in the property? Check one.
 Model: 187 boat ☐ Debtor 1 only
 Year: 1983 ☐ Debtor 2 only
 Other information: ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$50.00

Current value of the portion you own?

\$50.00

17.08' ft 170hp I/O - slated for scrap

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$13,250.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.

See Attached.

\$2,230.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.

See Attached.

\$270.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.

Yearbooks, Bibles, Cookbooks

\$50.00

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.

sporting goods

\$100.00

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.

See Attached.

\$850.00

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.

ordinary clothing, shoes and accessories for two adults

\$400.00

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.

See Attached.

\$395.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.

Terrier mix

\$100.00**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →\$4,395.00**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash:\$125.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:

JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0765)\$288.11

17.2. Savings account:

JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0734)\$0.01

17.3. Savings account:

JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (7001)\$2.25

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

Pension plan:

\$1,646.12 Sandra Chaney Pension per month\$1,646.12

IRA:

Carl Chaney Chase IRA (1854)\$1,997.16**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☒ Yes

Institution name or individual:

Water:

Water MUD district\$50.00

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes Issuer name and description:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

| |
|-------|
| _____ |
|-------|

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

| |
|-------|
| _____ |
|-------|

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

| |
|-------|
| _____ |
|-------|

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.28. **Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

| |
|-------|
| _____ |
|-------|

Federal: _____

State: _____

Local: _____

29. **Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☐ No☒ Yes. Give specific information.

\$2,253 Sandra Chaney Social Security Per Month

\$2,253.00**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

Gerber Life Insurance Co.
Whole Life Insurance
Face Value \$25,000.00Sandra Chaney\$701.38State Farm Insurance
Term Life Insurance
Face Value \$122,000Carl Chaney and children if Carl
dies before Sandra\$0.00**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



| |
|------------|
| \$7,063.03 |
|------------|

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.

| |
|--|
| |
|--|

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.

| |
|--|
| |
|--|

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.

| |
|--|
| |
|--|

41. Inventory

- ☒ No
☐ Yes. Describe.

| |
|--|
| |
|--|

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe

Name of entity:

% of ownership:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe.

| |
|--|
| |
|--|

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

44. Any business-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

**\$0.00****Part 6:**

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
- ☐ Yes

| |
|--|
| |
|--|

48. Crops—either growing or harvested

- ☒ No
- ☐ Yes. Give specific information.

| |
|--|
| |
|--|

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
- ☐ Yes

| |
|--|
| |
|--|

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
- ☐ Yes

| |
|--|
| |
|--|

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information.

| |
|--|
| |
|--|

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$256,747.00

56. Part 2: Total vehicles, line 5 \$13,250.00

57. Part 3: Total personal and household items, line 15 \$4,395.00

58. Part 4: Total financial assets, line 36 \$7,063.03

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.

\$24,708.03

Copy personal property total →

+ \$24,708.03

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$281,455.03

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

Continuation Page

| | | |
|----|--|-----------------|
| 6. | Household goods and furnishings | |
| | <u>2 tables, 2 chairs, file cabinet, printer</u> | <u>\$75.00</u> |
| | <u>Assorted sized planter pots</u> | <u>\$25.00</u> |
| | <u>bed</u> | <u>\$50.00</u> |
| | <u>Bird feeders</u> | <u>\$10.00</u> |
| | <u>Blankets, linens, towels, etc.</u> | <u>\$50.00</u> |
| | <u>Christmas decorations</u> | <u>\$150.00</u> |
| | <u>clothes dryer</u> | <u>\$100.00</u> |
| | <u>dish washer</u> | <u>\$200.00</u> |
| | <u>dishes / flatware</u> | <u>\$10.00</u> |
| | <u>dresser(s) / nightstand(s)</u> | <u>\$50.00</u> |
| | <u>end tables</u> | <u>\$5.00</u> |
| | <u>Family photos and albums</u> | <u>\$10.00</u> |
| | <u>freezer</u> | <u>\$100.00</u> |
| | <u>Garage items and tools</u> | <u>\$300.00</u> |
| | <u>lamps / accessories</u> | <u>\$10.00</u> |
| | <u>lawnmower</u> | <u>\$50.00</u> |
| | <u>microwave</u> | <u>\$25.00</u> |
| | <u>Misc. camping equipment</u> | <u>\$50.00</u> |
| | <u>Mr. Buddy heaters, 2</u> | <u>\$100.00</u> |
| | <u>Plastic organizers and portable file totes</u> | <u>\$25.00</u> |
| | <u>pots / pans / cookware</u> | <u>\$10.00</u> |
| | <u>Recliners, 2</u> | <u>\$25.00</u> |
| | <u>refrigerator / freezer</u> | <u>\$100.00</u> |
| | <u>Rocking chairs, 2</u> | <u>\$30.00</u> |
| | <u>Safe</u> | <u>\$300.00</u> |
| | <u>Stapler, calculator, tape dispenser, pens, etc.</u> | <u>\$20.00</u> |
| | <u>stove</u> | <u>\$100.00</u> |
| | <u>Trash cans, 4</u> | <u>\$25.00</u> |
| | <u>Various "nick-nacks</u> | <u>\$100.00</u> |
| | <u>washing machine</u> | <u>\$100.00</u> |

Debtor Chaney, Carl Randolph; Chaney, Sandra King

Case number (if known) _____

Continuation Page

| | | |
|-----|--|-----------------|
| | <u>yard /landscaping tools</u> | <u>\$25.00</u> |
| 7. | Electronics | |
| | <u>cellular telephone, 2</u> | <u>\$200.00</u> |
| | <u>personal computer</u> | <u>\$50.00</u> |
| | <u>television</u> | <u>\$20.00</u> |
| 10. | Firearms | |
| | <u>DSARMS SA58 FAL rifle</u> | <u>\$500.00</u> |
| | <u>Smith & Wesson Governor; pistol</u> | <u>\$350.00</u> |
| 12. | Jewelry | |
| | <u>costume jewelry</u> | <u>\$25.00</u> |
| | <u>earrings</u> | <u>\$50.00</u> |
| | <u>necklaces</u> | <u>\$20.00</u> |
| | <u>pendant</u> | <u>\$50.00</u> |
| | <u>wedding rings</u> | <u>\$250.00</u> |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|--|
| Brief description: Residential homestead 22727 Fincastle Dr. Katy, TX 77450 | <u>\$256,747.00</u> | <input checked="" type="checkbox"/> <u>\$170,258.60</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002</u> |
| Line from Schedule A/B: <u>1.1</u> | | | |
| Brief description: 2017 Toyota Camry 4D wife drives vehicle | <u>\$10,000.00</u> | <input checked="" type="checkbox"/> <u>\$10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u> |
| Line from Schedule A/B: <u>3.1</u> | | | |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|--|
| Brief description: 2003 Ford E450 VN husband drives vehicle Line from Schedule A/B: <u>3.2</u> | <u>\$3,000.00</u> | <input checked="" type="checkbox"/> <u>\$3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(9) |
| Brief description: Family photos and albums Line from Schedule A/B: <u>6</u> | <u>\$10.00</u> | <input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Various "nick-nacks" Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Recliners, 2 Line from Schedule A/B: <u>6</u> | <u>\$25.00</u> | <input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: end tables Line from Schedule A/B: <u>6</u> | <u>\$5.00</u> | <input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: refrigerator / freezer Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: freezer Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: stove Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|---|--|
| Brief description: <u>microwave</u> Line from Schedule A/B: <u>6</u> | <u>\$25.00</u> | <input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>dish washer</u> Line from Schedule A/B: <u>6</u> | <u>\$200.00</u> | <input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>washing machine</u> Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>clothes dryer</u> Line from Schedule A/B: <u>6</u> | <u>\$100.00</u> | <input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>dishes / flatware</u> Line from Schedule A/B: <u>6</u> | <u>\$10.00</u> | <input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>pots / pans / cookware</u> Line from Schedule A/B: <u>6</u> | <u>\$10.00</u> | <input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>bed</u> Line from Schedule A/B: <u>6</u> | <u>\$50.00</u> | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>dresser(s) / nightstand(s)</u> Line from Schedule A/B: <u>6</u> | <u>\$50.00</u> | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|--|--|
| Brief description: <u>lamps / accessories</u> Line from Schedule A/B: <u>6</u> | <u>\$10.00</u> | <input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>lawnmower</u> Line from Schedule A/B: <u>6</u> | <u>\$50.00</u> | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>yard /landscaping tools</u> Line from Schedule A/B: <u>6</u> | <u>\$25.00</u> | <input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>Stapler, calculator, tape dispenser, pens, etc.</u> Line from Schedule A/B: <u>6</u> | <u>\$20.00</u> | <input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>2 tables, 2 chairs, file cabinet, printer</u> Line from Schedule A/B: <u>6</u> | <u>\$75.00</u> | <input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>Plastic organizers and portable file totes</u> Line from Schedule A/B: <u>6</u> | <u>\$25.00</u> | <input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>Blankets, linens, towels, etc.</u> Line from Schedule A/B: <u>6</u> | <u>\$50.00</u> | <input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: <u>Assorted sized planter pots</u> Line from Schedule A/B: <u>6</u> | <u>\$25.00</u> | <input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|--|--|
| Brief description: Rocking chairs, 2 Line from Schedule A/B: <u>6</u> | \$30.00 | <input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Trash cans, 4 Line from Schedule A/B: <u>6</u> | \$25.00 | <input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Bird feeders Line from Schedule A/B: <u>6</u> | \$10.00 | <input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Safe Line from Schedule A/B: <u>6</u> | \$300.00 | <input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Garage items and tools Line from Schedule A/B: <u>6</u> | \$300.00 | <input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Christmas decorations Line from Schedule A/B: <u>6</u> | \$150.00 | <input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Misc. camping equipment Line from Schedule A/B: <u>6</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Mr. Buddy heaters, 2 Line from Schedule A/B: <u>6</u> | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|--|--|
| Brief description: television Line from Schedule A/B: <u>7</u> | \$20.00 | <input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: personal computer Line from Schedule A/B: <u>7</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: cellular telephone, 2 Line from Schedule A/B: <u>7</u> | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Yearbooks, Bibles, Cookbooks Line from Schedule A/B: <u>8</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| | | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.001(b)(4) |
| Brief description: sporting goods Line from Schedule A/B: <u>9</u> | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Smith & Wesson Governor; pistol Line from Schedule A/B: <u>10</u> | \$350.00 | <input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(7) |
| Brief description: DSARMS SA58 FAL rifle Line from Schedule A/B: <u>10</u> | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(7) |
| Brief description: ordinary clothing, shoes and accessories for two adults Line from Schedule A/B: <u>11</u> | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|---|
| Brief description: wedding rings Line from Schedule A/B: <u>12</u> | \$250.00 | <input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: earrings Line from Schedule A/B: <u>12</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: necklaces Line from Schedule A/B: <u>12</u> | \$20.00 | <input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: pendant Line from Schedule A/B: <u>12</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: costume jewelry Line from Schedule A/B: <u>12</u> | \$25.00 | <input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: Terrier mix Line from Schedule A/B: <u>13</u> | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(11) |
| Brief description: JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0765) Checking account Line from Schedule A/B: <u>17</u> | \$288.11 | <input checked="" type="checkbox"/> \$288.11 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 42 U.S.C. § 407 |
| | | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|--|--------------------------------------|
| Brief description: JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (0734) Savings account | \$0.01 | <input checked="" type="checkbox"/> \$0.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 42 U.S.C. § 407 |
| Line from Schedule A/B: <u>17</u> | | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |
| Brief description: JPMorgan Chase Bank, N.A., Joint with Sandra Chaney (7001) Savings account | \$2.25 | <input checked="" type="checkbox"/> \$2.25 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 42 U.S.C. § 407 |
| Line from Schedule A/B: <u>17</u> | | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |
| Brief description: Carl Chaney Chase IRA (1854) | \$1,997.16 | <input checked="" type="checkbox"/> \$1,997.16 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |
| Line from Schedule A/B: <u>21</u> | | | |
| Brief description: \$1,646.12 Sandra Chaney Pension per month | \$1,646.12 | <input checked="" type="checkbox"/> \$1,646.12 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |
| Line from Schedule A/B: <u>21</u> | | | |
| Brief description: \$2,253 Sandra Chaney Social Security Per Month | \$2,253.00 | <input checked="" type="checkbox"/> \$2,253.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 42 U.S.C. § 407 |
| Line from Schedule A/B: <u>30</u> | | | |
| Brief description: Gerber Life Insurance Co. Whole Life Insurance Face Value \$25,000.00 | \$701.38 | <input checked="" type="checkbox"/> \$701.38 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Ins. Code §§ 1108.001, 1108.051 |
| Line from Schedule A/B: <u>31</u> | | | |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|--|--------------------------------------|
| Brief description: State Farm Insurance Term Life Insurance Face Value \$122,000 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Ins. Code §§ 1108.001, 1108.051 |
| Line from Schedule A/B: <u>31</u> | | | |

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Chaney, Carl Randolph**
Chaney, Sandra King

CASE NO

CHAPTER **Chapter 7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

| No. | Category | Gross Property Value | Total Encumbrances | Total Equity | Total Amount Exempt | Total Amount Non-Exempt |
|-----|--|-------------------------|-----------------------|--------------|------------------------|----------------------------|
| 1. | Real Estate | \$256,747.00 | \$86,488.40 | \$170,258.60 | \$170,258.60 | \$0.00 |
| 3. | Motor vehicle | \$13,000.00 | \$0.00 | \$13,000.00 | \$13,000.00 | \$0.00 |
| 4. | Watercraft, trailers, motors homes, and accessories | \$250.00 | \$0.00 | \$250.00 | \$0.00 | \$250.00 |
| 6. | Household goods and furnishings | \$2,230.00 | \$0.00 | \$2,230.00 | \$2,230.00 | \$0.00 |
| 7. | Electronics | \$270.00 | \$0.00 | \$270.00 | \$270.00 | \$0.00 |
| 8. | Collectibles of value | \$50.00 | \$0.00 | \$50.00 | \$50.00 | \$0.00 |
| 9. | Equipment for sports and hobbies | \$100.00 | \$0.00 | \$100.00 | \$100.00 | \$0.00 |
| 10. | Firearms | \$850.00 | \$0.00 | \$850.00 | \$850.00 | \$0.00 |
| 11. | Clothes | \$400.00 | \$0.00 | \$400.00 | \$400.00 | \$0.00 |
| 12. | Jewelry | \$395.00 | \$0.00 | \$395.00 | \$395.00 | \$0.00 |
| 13. | Nonfarm animals | \$100.00 | \$0.00 | \$100.00 | \$100.00 | \$0.00 |
| 14. | Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 16. | Cash | \$125.00 | \$0.00 | \$125.00 | \$0.00 | \$125.00 |
| 17. | Deposits of money | \$290.37 | \$0.00 | \$290.37 | \$290.37 | \$0.00 |
| 18. | Bonds, mutual funds, or publicly traded stocks | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 19. | Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 20. | Bonds and other financial instruments | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 21. | Retirement or pension accounts | \$3,643.28 | \$0.00 | \$3,643.28 | \$3,643.28 | \$0.00 |
| 22. | Security deposits and prepayments | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$50.00 |
| 23. | Annuities | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 24. | Interest in a qualified education fund, such as an education IRA | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 25. | Trusts, equitable or future interests in property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 26. | Copyrights, trademarks, websites and other intellectual property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 27. | Licenses, Franchises, and other general intangibles | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 28. | Tax refunds | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 29. | Family support | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 30. | Other amounts owed to the debtor | \$2,253.00 | \$0.00 | \$2,253.00 | \$2,253.00 | \$0.00 |
| 31. | Insurance policies | \$701.38 | \$0.00 | \$701.38 | \$701.38 | \$0.00 |
| 32. | Interest in property from deceased | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 33. | Claims against third parties | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Chaney, Carl Randolph**
Chaney, Sandra King

CASE NO

CHAPTER **Chapter7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

| No. | Category | Gross Property Value | Total Encumbrances | Total Equity | Total Amount Exempt | Total Amount Non-Exempt |
|----------------|---|-------------------------|-----------------------|---------------------|------------------------|----------------------------|
| 34. | All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 35. | Other financial asset | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 38. | Accounts receivable | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 39. | Office equipment, furnishings, and supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 40. | Machinery, fixtures and equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 41. | Inventory | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 42. | Interests in partnerships or joint ventures | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 43. | Customer lists | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 44. | Other businessrelated property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 47. | Farm animals | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 48. | Crops | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 49. | Equipment | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 50. | Supplies | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 51. | Other farm or fishing related property | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 53. | Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTALS: | | \$281,455.03 | \$86,488.40 | \$194,966.63 | \$194,541.63 | \$425.00 |

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Chaney, Carl Randolph**
Chaney, Sandra King

CASE NO

CHAPTER **Chapter7**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

| Property Description | Market Value | Lien | Equity |
|---------------------------------|--------------|--------|--------|
| <u>Real Property</u> | | | |
| (None) | | | |
| <u>Personal Property</u> | | | |
| (None) | | | |
| TOTALS: | \$0.00 | \$0.00 | \$0.00 |

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

| Property Description | Market Value | Lien | Equity | Non-Exempt Amount |
|--|--------------|-------------|--------------|-------------------|
| <u>Real Property</u> | | | | |
| (None) | | | | |
| <u>Personal Property</u> | | | | |
| 1986 Homemade Trailer Boat | \$100.00 | | \$100.00 | \$100.00 |
| 1981 Mark 5 BRL Trailer | \$100.00 | | \$100.00 | \$100.00 |
| Cash | \$125.00 | | \$125.00 | \$125.00 |
| Water MUD district | \$50.00 | | \$50.00 | \$50.00 |
| Water | | | | |
| 1983 Chaparral 187 boat | \$50.00 | | \$50.00 | \$50.00 |
| 17.08' ft 170hp I/O - slated for scrap | | | | |
| TOTALS: | \$281,455.03 | \$86,488.40 | \$194,966.63 | \$425.00 |

| Summary | |
|--|---------------------|
| A. Gross Property Value (not including surrendered property) | \$281,455.03 |
| B. Gross Property Value of Surrendered Property | \$0.00 |
| C. Total Gross Property Value (A+B) | \$281,455.03 |
| D. Gross Amount of Encumbrances (not including surrendered property) | \$86,488.40 |
| E. Gross Amount of Encumbrances on Surrendered Property | \$0.00 |
| F. Total Gross Encumbrances (D+E) | \$86,488.40 |
| G. Total Equity (not including surrendered property) / (A-D) | \$194,966.63 |
| H. Total Equity in surrendered items (B-E) | \$0.00 |
| I. Total Equity (C-F) | \$194,966.63 |
| J. Total Exemptions Claimed | \$194,541.63 |
| K. Total Non-Exempt Property Remaining (G-J) | \$425.00 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|---|--|
|---|---|--|

| | | |
|---|--|--|
| 2.1 <u>Discover Bank</u> Creditor's Name <u>80 Minuteman Road</u> Number Street <u>Andover, MA 01810</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>N/A</u> | Describe the property that secures the claim: <u>Residential homestead</u> <u>22727 Fincastle Dr. Katy, TX 77450</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) | <u>\$14,250.40</u> <u>\$256,747.00</u> <u>\$0.00</u> |
| Last 4 digits of account number <u>9 2 5</u> | | |
| Remarks: <u>litigation filed in Harris County, County Court, Discover Bank vs Carl R Chaney; 1081925 -Judgment</u> | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$14,250.40

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**

First Name Middle Name Last Name

Case number (if known) _____

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
|--|--|---|--|---|---------------|
| 2.2 | <p>Specialized Loan Servicing LLC</p> <p>Creditor's Name Attn: Bankruptcy P.O. Box 630147 Number Street Littleton, CO 80163-0147 City State ZIP Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 6/1/2009</p> <p>Remarks: 2.875% contract interest rate</p> | <p>Describe the property that secures the claim:</p> <p>Residential homestead 22727 Fincastle Dr. Katy, TX 77450</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>1 7 0 1</u></p> | <u>\$72,238.00</u> | <u>\$256,747.00</u> | <u>\$0.00</u> |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | <u>\$72,238.00</u> | | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | <u>\$86,488.40</u> | | | |

| | | | |
|----------|---------------|-----------------|---------------|
| Debtor 1 | Carl | Randolph | Chaney |
| Debtor 2 | Sandra | King | Chaney |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | |
|---|---|--|
| 1 | Zwicker & Associates, P.C. | On which line in Part 1 did you enter the creditor? <u>1</u> |
| | Name | |
| | PO BOX 9013 | Last 4 digits of account number ____ |
| | Number Street | |
| | | |
| | Andover, MA 01810 | |
| | City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|---|---------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>Southern District of Texas</u> | | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Priority Creditor's Name _____ | Last 4 digits of account number _____ |
| | Number _____ Street _____ | When was the debt incurred? _____ |
| | City _____ State _____ ZIP Code _____ | As of the date you file, the claim is: Check all that apply. |
| | Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or person injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

American Express

Nonpriority Creditor's Name

PO BOX 981535

Number Street

El Paso, TX 79998-1535

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2008**When was the debt incurred? **N/A****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **credit card**

Total claim**\$9,441.00**

4.2

American Medical Response

Nonpriority Creditor's Name

6363 S Fiddlers Green Cir Fl 14

Number Street

Greenwood Village, CO 80111

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **920H**When was the debt incurred? **01/06/2023****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$949.31

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.3

Apria Health Care/Arstrat LLC

Nonpriority Creditor's Name

PO BOX 802017

Number Street

Chicago, IL 60680-2017

City State ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **9479**When was the debt incurred? **N/A****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill**\$77.16**

4.4

Bank of America

Nonpriority Creditor's Name

PO BOX 982235

Number Street

El Paso, TX 79998-2235

City State ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **8838**When was the debt incurred? **N/A****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
credit card**\$2,207.00**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.5

Bank of America

Nonpriority Creditor's Name

PO BOX 982235

Number Street

El Paso, TX 79998-2235

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0733**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **credit card**

\$20,931.92

4.6

Bank of America

Nonpriority Creditor's Name

PO BOX 982235

Number Street

El Paso, TX 79998-2235

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8922**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **credit card**

\$1,008.00

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7

BDS Towing & Recovery LP

Nonpriority Creditor's Name

9349 Dilly Shaw Tap Rd.

Number Street

Bryan, TX 77808

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5588**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Towing Bill**\$6,973.51**

4.8

Best Buy

Nonpriority Creditor's Name

PO BOX 790441

Number Street

St. Louis, MO 63179-0441

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2227**When was the debt incurred? **12/26/2013**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
credit card**\$2,617.10**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.9

Brown & Associates

Nonpriority Creditor's Name

PO BOX 421849

Number Street

Houston, TX 77242-1849

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4662**When was the debt incurred? **01/01/2023**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$43.34

4.10

CACH, LLC

Nonpriority Creditor's Name

PO BOX 4115, DEPT 940

Number Street

Concord, CA 94524

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1876**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **debt lawsuit; litigation filed**

\$2,562.95**Remarks:** litigation filed in Harris County, Justice Court, CACH, LLC vs Sandra K Chaney; 185100201876-Judgment

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.11 Capital One Bank (USA) N.A.

Nonpriority Creditor's Name

1680 Capital One Dr

Number Street

McLean, VA 22102-3407

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4323When was the debt incurred? N/A

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
debt lawsuit; litigation filed

\$6,436.58

Remarks: litigation filed in Harris County, Justice Court, Capital One Bank (USA) vs Carl R Chaney; CV52C0364323-Judgment

4.12 CARDIOVASCULAR CARE PROVI

Nonpriority Creditor's Name

1331 West Grand Parkway North. Suite 130

Number Street

Katy, TX 77493-2711

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 370HWhen was the debt incurred? 12/14/2022

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill

\$36.00

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13

CARDIOVASCULAR CARE PROVI

Nonpriority Creditor's Name

1331 West Grand Parkway North. Suite 130

Number Street

Katy, TX 77493-2711

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **640H**When was the debt incurred? **12/20/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$49.55

4.14

CARDIOVASCULAR CARE PROVI

Nonpriority Creditor's Name

1331 West Grand Parkway North. Suite 130

Number Street

Katy, TX 77493-2711

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **310H**When was the debt incurred? **12/24/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$78.35

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.15

CARDIOVASCULAR CARE PROVI

Nonpriority Creditor's Name

1331 West Grand Parkway North. Suite 130

Number Street

Katy, TX 77493-2711

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **290H**When was the debt incurred? **12/23/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$19.20

4.16

CARDIOVASCULAR CARE PROVI

Nonpriority Creditor's Name

1331 West Grand Parkway North. Suite 130

Number Street

Katy, TX 77493-2711

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **F80H**When was the debt incurred? **12/28/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$9.60

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|--|-------------------|
| 4.17 | Cavalry SPV I, LLC Nonpriority Creditor's Name 1100 Superior Avenue, 19th floor Number Street Cleveland, OH 44114-2531 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: litigation filed in Harris County, Justice Court, Cavalry SPV I, LLC vs . Sandra K Chaney; 195100112192-Judgment | Last 4 digits of account number <u>2192</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify debt lawsuit; litigation filed | \$8,061.20 |
| 4.18 | CF Medical LLC Nonpriority Creditor's Name PO BOX 361450 Number Street Indianapolis, IN 46236-1450 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5151</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$1,208.00 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.19 | Citibank, Cavalry SPV I, LLC Nonpriority Creditor's Name PO BOX 390846 Number Street Minneapolis, MN 55439 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5331</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify credit card \$3,774.62 |
| 4.20 | Citibank/Best Buy Nonpriority Creditor's Name Centralized Bankruptcy PO Box 790034 Number Street St Louis, MO 63179-0034 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>2227</u> When was the debt incurred? <u>12/1/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account \$2,992.00 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|---|--|
| 4.21 | Comcast Communications Nonpriority Creditor's Name 1130 Northchase Parkway, Suite 150 Number Street Marietta, GA 30067 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>9288</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify utility bill \$376.15 |
| 4.22 | Comenity Bank/Kingsize Nonpriority Creditor's Name ATTN: Bankruptcy Dept PO Box 182125 Number Street Columbus, OH 43218 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>9628</u> When was the debt incurred? <u>8/1/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account \$14.00 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.23

Comenity Bank/Woman Within

Nonpriority Creditor's Name

PO BOX 182125

Number Street

Columbus, OH 43218-2125

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9628**When was the debt incurred? **08/08/2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **credit card**

\$2.00

4.24

Discover

Nonpriority Creditor's Name

6500 New Albany Rd E

Number Street

New Albany, OH 43054-8730

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7247**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **debt lawsuit; litigation filed**

\$16,602.56**Remarks:** litigation filed in Harris County, County Court, Discover Bank vs Sandra K Chaney; 1087247 -Dismissed

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25

Gander Mountain/Portfolio Recovery Assoc

Nonpriority Creditor's Name

PO BOX 12914

Number Street

Norfolk, VA 23541

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4041**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **credit card**

\$1,423.00

4.26

Houston Methodist

Nonpriority Creditor's Name

PO BOX 3133

Number Street

Houston, TX 77253-3133

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7112**When was the debt incurred? **12/12/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$1,148.42

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.27

Javitch Block, LLC

Nonpriority Creditor's Name

c/o Eric S Peterson**275 W Campbell Rd Ste 312**

Number Street

Richardson, TX 75080-3601

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2192**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, Justice Court, Cavalry SPV I, LLC vs . Sandra K Chaney; 195100112192-Judgment

4.28

Massey's

Nonpriority Creditor's Name

PO BOX 2822

Number Street

Monroe, WI 53666-8022

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8-A2**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
credit card**\$324.29**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.29

Medical Chest Associates

Nonpriority Creditor's Name

902 Frostwood, Suite 172

Number Street

Houston, TX 77024-2402

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 7U0HWhen was the debt incurred? 01/07/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$21.39

4.30

Medical Chest Associates

Nonpriority Creditor's Name

902 Frostwood, Suite 172

Number Street

Houston, TX 77024-2402

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number J40HWhen was the debt incurred? 01/04/2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$14.26

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.31

Medical Colleagues of Texas, L.L.P.

Nonpriority Creditor's Name

21700 Kingsland Blvd., Suite 201

Number Street

Katy, TX 77450-2547

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4111**When was the debt incurred? **01/01/2023**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill**\$10.99**

4.32

Memorial Hermann

Nonpriority Creditor's Name

909 Frostwood Drive Suite 3:100

Number Street

Houston, TX 77024

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7025**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill**\$500.00**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.33

Memorial Hermann

Nonpriority Creditor's Name

909 Frostwood Drive Suite 3:100

Number Street

Houston, TX 77024

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1171**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$500.00

4.34

Memorial Hermann

Nonpriority Creditor's Name

PO BOX 4370

Number Street

Houston, TX 77210-4370

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7502**When was the debt incurred? **12/20/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$643.06

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

| | | | |
|------|---|--|-----------------|
| 4.35 | Memorial Hermann Nonpriority Creditor's Name PO BOX 4370 Number Street Houston, TX 77210-4370 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>7500</u> When was the debt incurred? <u>12/30/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$200.00 |
| 4.36 | Memorial Hermann Nonpriority Creditor's Name PO BOX 4370 Number Street Houston, TX 77210-4370 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>8500</u> When was the debt incurred? <u>01/17/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$37.19 |

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|---|--|-------------------|
| 4.37 | Memorial Hermann H Nonpriority Creditor's Name PO BOX 4370 Number Street Houston, TX 77210-4370 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>860H</u> When was the debt incurred? <u>01/06/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$1,076.72 |
| 4.38 | Memorial Hermann Hospital Nonpriority Creditor's Name 909 Frostwood Drive Suite 3:100 Number Street Houston, TX 77024 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>2823</u> When was the debt incurred? <u>N/A</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$890.00 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

| | | | |
|------|--|--|---------------|
| 4.39 | Memorial Hermann Hospital Nonpriority Creditor's Name PO BOX 4370 Number Street Houston, TX 77210-4370 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>8P0H</u> When was the debt incurred? <u>12/14/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$5.21 |
|------|--|--|---------------|

| | | | |
|------|--|--|-----------------|
| 4.40 | Memorial Hermann Medical Group Nonpriority Creditor's Name PO BOX 1400 ATTN18565J Number Street Belfast, ME 04915-4033 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>1087</u> When was the debt incurred? <u>12/20/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$566.88 |
|------|--|--|-----------------|

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | | Total claim |
|--|--|--|-----------------|
| 4.41 | Memorial Hermann Medical Group Nonpriority Creditor's Name PO BOX 1400 ATTN18565J Number Street Belfast, ME 04915-4033 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>1087</u> When was the debt incurred? <u>12/20/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$98.59 |
| 4.42 | Memorial MRI and Diagnostic Nonpriority Creditor's Name 21820 Katy Freeway Number Street Katy, TX 77449-7774 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>910H</u> When was the debt incurred? <u>11/30/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | \$255.65 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.43 | Memorial MRI and Diagnostic Nonpriority Creditor's Name 21820 Katy Freeway Number Street Katy, TX 77449-7774 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>170H</u> When was the debt incurred? <u>11/08/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill \$267.28 |
| 4.44 | Memorial Pathology Consultants Nonpriority Creditor's Name PO BOX 671130 Number Street Dallas, TX 75267-1130 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>2458</u> When was the debt incurred? <u>12/20/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill \$53.83 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

| | | | |
|------|--|--|---------------|
| 4.45 | Memorial Pathology Consultants Nonpriority Creditor's Name PO BOX 671130 Number Street Dallas, TX 75267-1130 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>9T0H</u> When was the debt incurred? <u>12/14/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | <u>\$1.10</u> |
|------|--|--|---------------|

| | | | |
|------|--|--|---------------|
| 4.46 | Memorial Pathology Consultants Nonpriority Creditor's Name PO BOX 671130 Number Street Dallas, TX 75267-1130 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3T0H</u> When was the debt incurred? <u>12/27/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill | <u>\$2.20</u> |
|------|--|--|---------------|

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.47

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9T0H**When was the debt incurred? **12/23/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$1.10

4.48

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6S0H**When was the debt incurred? **12/22/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$1.65

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.49

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4S0H**When was the debt incurred? **12/25/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$2.20

4.50

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1S0H**When was the debt incurred? **12/28/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$2.20

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.51

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5T0H**When was the debt incurred? **12/21/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$1.65

4.52

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4T0H**When was the debt incurred? **12/26/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$2.20

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.53

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 0T0HWhen was the debt incurred? 12/24/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$2.20

4.54

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 3T0HWhen was the debt incurred? 12/27/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$2.20

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.55

Memorial Pathology Consultants

Nonpriority Creditor's Name

PO BOX 671130

Number Street

Dallas, TX 75267-1130

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **550H**When was the debt incurred? **01/07/2023**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill**\$3.85**

4.56

Merrick Bank/CCHoldings

Nonpriority Creditor's Name

Attn: Bankruptcy**P.O. Box 9201**

Number Street

Old Bethpage, NY 11804-9001

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5411**When was the debt incurred? **7/1/2016**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Credit Card**\$2,265.00**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.57

Methodist Pathology Assoc PLLC

Nonpriority Creditor's Name

PO BOX 4701

Number Street

Houston, TX 77210-4701

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 5344When was the debt incurred? 11/23/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$35.70

4.58

Methodist Pathology Assoc PLLC

Nonpriority Creditor's Name

PO BOX 4701

Number Street

Houston, TX 77210-4701

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number 990HWhen was the debt incurred? 12/12/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$1.10

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.59

Methodist Pathology Assoc PLLC

Nonpriority Creditor's Name

PO BOX 4701

Number Street

Houston, TX 77210-4701

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 510HWhen was the debt incurred? 12/16/2022

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill

\$1.10

4.60

Michael P Macris, MD PA

Nonpriority Creditor's Name

915 Gessner, Suite 170

Number Street

Houston, TX 77024-2666

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0237When was the debt incurred? 01/07/2023

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill

\$38.18

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.61 | <p>Midland Credit Mgmt, Inc.</p> <p>Nonpriority Creditor's Name</p> <p>Attn: Bankruptcy</p> <p>PO Box 939069</p> <p>Number Street</p> <p>San Diego, CA 92193</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: litigation filed in Harris County, Justice Court, Midland Credit Management, Inc. vs Sandra K Chaney; 205100308667-Judgment</p> | <p>Last 4 digits of account number 8667</p> <p>When was the debt incurred? 12/1/2019</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify debt lawsuit; litigation filed</p> <p>\$2,657.95</p> |
| 4.62 | <p>Midland Funding LLC</p> <p>Nonpriority Creditor's Name</p> <p>PO BOX 115220</p> <p>Number Street</p> <p>Carrollton, TX 75011-5220</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: litigation filed in Harris County, County Court, Midland Funding, LLC vs Carl Chaney; 1099531-Judgment</p> | <p>Last 4 digits of account number 9531</p> <p>When was the debt incurred? 12/01/1995</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify debt lawsuit; litigation filed</p> <p>\$16,594.60</p> |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.63

Nottingham Dental, PLLC

Nonpriority Creditor's Name

20501 Katy Fwy 104

Number Street

Katy, TX 77450

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Dental Bill**\$552.00**

4.64

Oncology Consultants, PA

Nonpriority Creditor's Name

925 Gessner, Suite 600

Number Street

Houston, TX 77024

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **380H**When was the debt incurred? **12/07/2022**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
medical bill**\$6.54**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.65

Paramount Recovery

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 23369**

Number Street

Waco, TX 76702

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **6334**When was the debt incurred? **2/1/2023**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
Collection Agency

\$1,496.00

Remarks: Original Creditor: ACS PRIM CR PHYS - SW PA

4.66

Portfolio Recovery

Nonpriority Creditor's Name

120 Corporate Blvd Ste 120

Number Street

Norfolk, VA 23502-4952

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2971**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify
debt lawsuit; litigation filed

\$1,363.88

Remarks: litigation filed in Harris County, Justice Court, Portfolio Recover Associates, LLC vs Carl R Chaney; 175200042971-Dismissed

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.67

Portfolio Recovery Associates LLC

Nonpriority Creditor's Name

Centralized Bankruptcy**PO Box 790034**

Number Street

St Louis, MO 63179-0034

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9016**When was the debt incurred? **N/A**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
debt lawsuit; litigation filed**\$4,207.51****Remarks:** litigation filed in Harris County, Justice Court, Portfolio Recovery vs. Carl R Chaney; CV52C0379016 - Dismissed

4.68

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

120 Corporate Blvd

Number Street

Norfolk, VA 23502-4952

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9016**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, Justice Court, Portfolio Recovery vs. Carl R Chaney; CV52C0379016 - Dismissed

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.69

Radiology Partners Houston

Nonpriority Creditor's Name

PO BOX 208108

Number Street

Dallas, TX 75320-8108

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **2701**When was the debt incurred? **01/01/2023**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$51.90

4.70

Rausch Sturm

Nonpriority Creditor's Name

15660 Dallas Pkwy Ste 350

Number Street

Dallas, TX 75248-3344

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **4323**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Attorney Fees**

\$1.00**Remarks:** litigation filed in Harris County, Justice Court, Capital One Bank (USA) vs Carl R Chaney; CV52C0364323-Judgment

Debtor 1
Debtor 2Carl
SandraRandolph
KingChaney
Chaney

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.71

Rausch Sturm

Nonpriority Creditor's Name

c/o Fallon Hamilton**15660 N. Dallas Pkwy Ste 350**

Number Street

Dallas, TX 75248-3344

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2971**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, Justice Court, Portfolio Recover Associates, LLC vs Carl R Chaney; 175200042971-Dismissed

4.72

Rausch Sturm

Nonpriority Creditor's Name

15660 Dallas Pkwy Ste 350

Number Street

Dallas, TX 75248-3344

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7247**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, County Court, Discover Bank vs Sandra K Chaney; 1087247 -Dismissed

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.73

Scott & Associates PC

Nonpriority Creditor's Name

c/o Naomi Lara**P. O. Box 115220**

Number Street

Carrollton, TX 75011-5220

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8667**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, Justice Court, Midland Credit Management, Inc. vs Sandra K Chaney: 205100308667-Judgment

4.74

Scott & Associates, P.C.

Nonpriority Creditor's Name

Teri S Mace**Po Box 115220**

Number Street

Carrollton, TX 75011-5220

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9531**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, County Court, Midland Funding, LLC vs Carl Chaney: 1099531-Judgment

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.75

Scott & Associates, PC

Nonpriority Creditor's Name

c/o Vince Handler**Po Box 115220**

Number Street

Carrollton, TX 75011-5220

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1876**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00**

Remarks: litigation filed in Harris County, Justice Court, CACH, LLC vs Sandra K Chaney; 185100201876-Judgment

4.76

Synchrony Bank/Amazon

Nonpriority Creditor's Name

PO BOX 71711

Number Street

Philadelphia, PA 19176-1711

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8571**When was the debt incurred? **12/06/2016**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
credit card**\$857.80**

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.77 | <p>Synchrony Bank/Amazon</p> <p>Nonpriority Creditor's Name</p> <p>Attn: Bankruptcy Dept</p> <p>PO Box 960013</p> <p>Number Street</p> <p>Orlando, FL 32896</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 8571</p> <p>When was the debt incurred? 12/1/2016</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p> <p>\$919.00</p> |
| 4.78 | <p>Texas A&M Veterinary A/R</p> <p>Nonpriority Creditor's Name</p> <p>PO BOX 36788</p> <p>Number Street</p> <p>Rock Hill, SC 29732-0512</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number -002</p> <p>When was the debt incurred? N/A</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify medical bill</p> <p>\$3,225.02</p> |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.79

US Bank

Nonpriority Creditor's Name

PO BOX 108

Number Street

St. Louis, MO 63166-0108

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0466**When was the debt incurred? **01/27/2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **credit card**

\$3,021.08

4.80

US Bank/RMS

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 5229**

Number Street

Cincinnati, OH 45201-5229

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **0466**When was the debt incurred? **1/1/2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

\$2,963.00

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.81 | US Bank/RMS Nonpriority Creditor's Name Attn: Bankruptcy PO Box 5229 Number Street Cincinnati, OH 45201-5229 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5791</u> When was the debt incurred? <u>1/1/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card \$710.12 |
| 4.82 | UT Physicians Nonpriority Creditor's Name 915 Gessner, Suite 585 Number Street Houston, TX 77024 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5F0H</u> When was the debt incurred? <u>12/30/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill \$1.07 |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.83

Village MD of Southeast Texas

Nonpriority Creditor's Name

PO BOX 14000

Number Street

Belfast, ME 04915-4033

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **3711**When was the debt incurred? **11/02/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **medical bill**

\$513.48

4.84

Waypoint Resource Group

Nonpriority Creditor's Name

Attn: Bankruptcy**301 Sundance Pkwy**

Number Street

Round Rock, TX 78683

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9288**When was the debt incurred? **5/1/2022**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Collection Agency**

\$376.00

Remarks: Original Creditor: COMCAST COMMUNICATIONS

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.85

Zwicker & Associates

Nonpriority Creditor's Name

c/o Juli Mathew**14090 Southwest Freeway Ste 408**

Number Street

Sugar Land, TX 77478

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1925**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify
Attorney Fees**\$1.00****Remarks:** litigation filed in Harris County, County Court, Discover Bank vs Carl R Chaney; 1081925 -Judgment

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Arstrat LLC

Name

PO BOX 790113

Number Street

St. Louis, MO 63179-0113

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

First National Collection Bureau, Inc.

Name

50 West Liberty Street, Suite 250

Number Street

Reno, NV 89501

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

FMA Alliance, Ltd.

Name

12339 Cutten Road

Number Street

Houston, TX 77066

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Javitch Block, LLC

Name

1100 Superior Avenue, 19th floor

Number Street

Cleveland, OH 44114-2531

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Memorial Hermann Patient Business Serv

Name

PO BOX 4370

Number Street

Houston, TX 77210-4370

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

National Enterprise Systems

Name

PO BOX 36

Number Street

Twinsburg, OH 44087-0036

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Phoenix Financial Services LLC

Name

PO BOX 361450

Number Street

Indianapolis, IN 46236-1450

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**Portfolio Recovery Associates, LLC**

Name

120 Corporate Blvd.

Number Street

Norfolk, VA 23541

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.67 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Portfolio Recovery Associates, LLC**

Name

PO BOX 12914

Number Street

Norfolk, VA 23541

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.25 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Radius Global Solutions, LLC**

Name

PO BOX 390846

Number Street

Minneapolis, MN 55439

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.19 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Rausch Sturm**

Name

15660 Dallas Pkwy Ste 350

Number Street

Dallas, TX 75248-3344

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.24 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Rausch,Sturm**

Name

15660 North Dallas Parkway

Number Street

Dallas, TX 75248

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.11 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Rausch,Sturm**

Name

15660 North Dallas Parkway, Suite 350

Number Street

Dallas, TX 75248

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.66 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Scheer, Green & Burke, Co. L.P.A.**

Name

1 Seagate

Number Street

Toledo, OH 43604-1558

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.38 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed Additional Page**Scott & Associates, PC**

Name

PO BOX 115220

Number Street

Carrollton, TX 75011-5220

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.62 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Scott & Associates, PC**

Name

PO Box 115220

Number Street

Carrollton, TX 75011-5220

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.10 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Scott, Parnell & Associates, P.C.**

Name

PO Box 115220

Number Street

Carrollton, TX 75011-5220

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.61 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Todd, Bremer & Lawson, Inc.**

Name

PO BOX 36788

Number Street

Rock Hill, SC 29732-0512

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.78 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____**Waypoint Resource Group**

Name

PO BOX 8588

Number Street

Round Rock, TX 78683

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?Line 4.21 of (Check one): ☐

Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total claim | |
|---------------------------------|--|-------------|---|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | <u>\$0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. | <u>\$0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | <u>\$0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + | <u>\$0.00</u> |
| | 6e. Total. Add lines 6a through 6d. | 6e. | <div style="border: 1px solid black; padding: 2px;"><u>\$0.00</u></div> |

| | | Total claim | |
|---------------------------------|---|-------------|---|
| Total claims from Part 2 | 6f. Student loans | 6f. | <u>\$0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | <u>\$0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | <u>\$0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + | <u>\$136,397.44</u> |
| | 6j. Total. Add lines 6f through 6i. | 6j. | <div style="border: 1px solid black; padding: 2px;"><u>\$136,397.44</u></div> |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|---|---|
| 2.1 | <u></u> Name <u></u> Number Street <u></u> City State ZIP Code | |
| 2.2 | <u></u> Name <u></u> Number Street <u></u> City State ZIP Code | |
| 2.3 | <u></u> Name <u></u> Number Street <u></u> City State ZIP Code | |
| 2.4 | <u></u> Name <u></u> Number Street <u></u> City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)
☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.
Chaney, Sandra King
 Name of your spouse, former spouse, or legal equivalent
22727 Fincastle Dr.
 Number Street
Katy, TX 77450
 City State ZIP Code
☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.
Chaney, Carl Randolph
 Name of your spouse, former spouse, or legal equivalent
22727 Fincastle Dr.
 Number Street
Katy, TX 77450
 City State ZIP Code

- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

| | | |
|---------|---------|----------|
| <u></u> | | |
| Name | | |
| <u></u> | <u></u> | |
| Number | Street | |
| <u></u> | | |
| City | State | ZIP Code |

☐ Schedule D, line _____☐ Schedule E/F, line _____☐ Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☐ Employed ☒ Not EmployedUnemployedNumber StreetCity State Zip CodeHow long employed there?

Debtor 2 or non-filing spouse

☐ Employed ☒ Not EmployedRetired, only receives Social Security and retirementNumber StreetCity State Zip CodeHow long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$0.00 \$0.003. + \$0.00 + \$0.004. \$0.00 \$0.00

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|--------------|-----------------------------------|
| Copy line 4 here.....→ | 4. | \$0.00 | \$0.00 |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | \$0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. | \$0.00 | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 |
| 5e. Insurance | 5e. | \$0.00 | \$0.00 |
| 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 |
| 5g. Union dues | 5g. | \$0.00 | \$0.00 |
| 5h. Other deductions. Specify: _____ | 5h. + | \$0.00 | \$0.00 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$0.00 | \$0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$0.00 |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | \$0.00 |
| 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$0.00 |
| 8d. Unemployment compensation | 8d. | \$0.00 | \$0.00 |
| 8e. Social Security | 8e. | \$0.00 | \$2,253.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. | \$0.00 | \$0.00 |
| 8g. Pension or retirement income | 8g. | \$0.00 | \$1,646.12 |
| 8h. Other monthly income. Specify: <u>Medical Reimbursements</u> | 8h. + | \$0.00 | \$241.67 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$0.00 | \$4,140.79 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$0.00 | \$4,140.79 |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | 11. + | | \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. | | \$4,140.79 |
| Combined monthly income | | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input type="checkbox"/> No. | | | |
| <input checked="" type="checkbox"/> Yes. Explain: | Debtor cannot find a job due to health issues | | |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | _____ | | |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,171.06

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$125.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**

First Name Middle Name Last Name

Case number (if known) _____

| | | Your expenses |
|------|---|----------------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | 5. <u>\$0.00</u> |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | 6a. <u>\$215.00</u> |
| 6b. | Water, sewer, garbage collection | 6b. <u>\$77.50</u> |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. <u>\$0.00</u> |
| 6d. | Other. Specify: _____ | 6d. <u>\$0.00</u> |
| 7. | Food and housekeeping supplies | 7. <u>\$680.00</u> |
| 8. | Childcare and children's education costs | 8. <u>\$0.00</u> |
| 9. | Clothing, laundry, and dry cleaning | 9. <u>\$25.00</u> |
| 10. | Personal care products and services | 10. <u>\$100.00</u> |
| 11. | Medical and dental expenses | 11. <u>\$405.00</u> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. <u>\$150.00</u> |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. <u>\$50.00</u> |
| 14. | Charitable contributions and religious donations | 14. <u>\$0.00</u> |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | 15a. <u>\$227.00</u> |
| 15b. | Health insurance | 15b. <u>\$615.48</u> |
| 15c. | Vehicle insurance | 15c. <u>\$188.00</u> |
| 15d. | Other insurance. Specify: <u>vision insurance</u> | 15d. <u>\$30.00</u> |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. <u>\$0.00</u> |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | 17a. <u>\$0.00</u> |
| 17b. | Car payments for Vehicle 2 | 17b. <u>\$0.00</u> |
| 17c. | Other. Specify: _____ | 17c. <u>\$0.00</u> |
| 17d. | Other. Specify: _____ | 17d. <u>\$0.00</u> |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. <u>\$0.00</u> |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | 19. <u>\$0.00</u> |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>. | |
| 20a. | Mortgages on other property | 20a. <u>\$0.00</u> |
| 20b. | Real estate taxes | 20b. <u>\$0.00</u> |
| 20c. | Property, homeowner's, or renter's insurance | 20c. <u>\$0.00</u> |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. <u>\$0.00</u> |
| 20e. | Homeowner's association or condominium dues | 20e. <u>\$0.00</u> |

Debtor 1
Debtor 2**Carl**
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

21. **Other.** Specify: Pet food, care & grooming21. **+** \$75.0022. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$4,134.04

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$4,134.0423. **Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. \$4,140.79

23b. Copy your monthly expenses from line 22c above.

23b. -\$4,134.04

23c. Subtract your monthly expenses from your monthly income.

23c. \$6.75The result is your *monthly net income*.24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here:

Food, transportation & medical expenses expected to increase. Debtor will need dental work. Home needs lots of repairs that they have not been able to take care of due to finances.

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

1. *Schedule A/B: Property* (Official Form 106A/B)

| | |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | <u>\$256,747.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | <u>\$24,708.03</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | <u>\$281,455.03</u> |

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

| | |
|---|--------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | <u>\$86,488.40</u> |
|---|--------------------|

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

| | |
|--|---------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | <u>\$0.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | <u>\$136,397.44</u> |

Your total liabilities

| |
|---------------------|
| <u>\$222,885.84</u> |
|---------------------|

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

| | |
|---|-------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | <u>\$4,140.79</u> |
|---|-------------------|

5. *Schedule J: Your Expenses* (Official Form 106J)

| | |
|---|-------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | <u>\$4,134.04</u> |
|---|-------------------|

| | | | |
|----------|---------------|-----------------|---------------|
| Debtor 1 | Carl | Randolph | Chaney |
| Debtor 2 | Sandra | King | Chaney |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$1,925.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

| | |
|--|-----------------------|
| 9a. Domestic support obligations (Copy line 6a.) | _____ \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | _____ \$0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | _____ \$0.00 |
| 9d. Student loans. (Copy line 6f.) | _____ \$0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | _____ \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + _____ \$0.00 |
| 9g. Total. Add lines 9a through 9f. | _____ \$0.00 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Carl Randolph Chaney
Carl Randolph Chaney, Debtor 1

X /s/ Sandra King Chaney
Sandra King Chaney, Debtor 2

Date 08/30/2023
MM/ DD/ YYYY

Date 08/30/2023
MM/ DD/ YYYY

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---|--|--|--|
| <u>23780 N Mosiertown Rd</u> Number Street <u>Saegertown, PA 16433</u> City State ZIP Code | From <u>02/01/2020</u> To <u>11/17/2020</u> | <input checked="" type="checkbox"/> Same as Debtor 1 From _____ To _____ Number Street City State ZIP Code | <input checked="" type="checkbox"/> Same as Debtor 1 From _____ To _____ Number Street City State ZIP Code |
| From _____ To _____ Number Street City State ZIP Code | | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ Number Street City State ZIP Code | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ Number Street City State ZIP Code |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--|--|---|--|
| | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$1,289.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$607.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☐ No☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | | Retirement | \$11,522.84 |
| | | | Social Security | \$15,771.00 |
| | | | | |
| For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY | | | Retirement | \$25,588.00 |
| | | | Social Security | \$26,689.00 |
| | | | | |
| For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY | | | Retirement | \$25,588.00 |
| | | | Social Security | \$25,206.00 |
| | | | | |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---|-------------------------|-------------------|----------------------|---|
| Specialized Loan Servicing LLC Creditor's Name | within the last 90 days | \$3,038.38 | \$72,238.00 | <input checked="" type="checkbox"/> Mortgage |
| Attn: Bankruptcy | | | | <input type="checkbox"/> Car |
| P.O. Box 630147 Number Street | | | | <input type="checkbox"/> Credit card |
| Littleton, CO 80163-0147 City State ZIP Code | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**

First Name Middle Name Last Name

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---------------------------------------|-------------------|----------------------|--|
| Insider's Name _____ | _____ | _____ | |
| Number _____ Street _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| City _____ State _____ ZIP Code _____ | _____ | _____ | |

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No☐ Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|--------------------|---------------------------------------|------------------------------------|
| Case title _____ | _____ | <input type="checkbox"/> Pending |
| _____ | Court Name _____ | <input type="checkbox"/> On appeal |
| Case number _____ | Number _____ Street _____ | <input type="checkbox"/> Concluded |
| _____ | City _____ State _____ ZIP Code _____ | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

| | | | | |
|----------|---------------|-----------------|---------------|------------------------------|
| Debtor 1 | Carl | Randolph | Chaney | Case number (if known) _____ |
| Debtor 2 | Sandra | King | Chaney | |
| | First Name | Middle Name | Last Name | |

| Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left; padding: 5px;">Describe the property</th> <th style="text-align: left; padding: 5px;">Date</th> <th style="text-align: left; padding: 5px;">Value of the property</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table> <div style="background-color: #d3d3d3; padding: 5px; margin-top: 5px;"> Explain what happened </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. </div> | Describe the property | Date | Value of the property | | | |
|---|--|-----------------------|------|-----------------------|--|--|--|
| Describe the property | Date | Value of the property | | | | | |
| | | | | | | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

| Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left; padding: 5px;">Describe the action the creditor took</th> <th style="text-align: left; padding: 5px;">Date action was taken</th> <th style="text-align: left; padding: 5px;">Amount</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> <td></td> </tr> </tbody> </table> | Describe the action the creditor took | Date action was taken | Amount | | | |
|---|--|---------------------------------------|-----------------------|--------|--|--|--|
| Describe the action the creditor took | Date action was taken | Amount | | | | | |
| | | | | | | | |

Last 4 digits of account number: XXXX-__ __ __ __

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☐ No
- ☒ Yes. Fill in the details for each gift.

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|---|--|--------------------------|-----------------|
| <u>American Legion, Post 164</u> Person to Whom You Gave the Gift <u>Po Box 1171</u> Number Street <u>Katy, TX 77492</u> City State ZIP Code Person's relationship to you <u>None</u> | Donated 21 used and refurbished desktop computers. | <u>05/13/2023</u> | <u>\$200.00</u> |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?



No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|---|-------------------------------|----------------------|-------|
| <u>Charity's Name</u> <u>Number Street</u> <u>City State ZIP Code</u> | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?



No

☒ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| 1986 Mobile Home was towed and stored at BDS Towing & Recovery LP; likely disposed due to being at facility over 45 days | N/A | <u>5/19/2023</u> | <u>\$100.00</u> |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|---|-----------------------|
| <u>Dore, Rothberg McKay, P.C.</u> Person Who Was Paid <u>16225 Park Ten Place, Suite 700</u> Number Street <u>Houston, TX 77084</u> City State ZIP Code Email or website address <u>Debtor</u> Person Who Made the Payment, if Not You | Attorney Fees - research on lawsuits and liens <u>06/13/2022</u> | <u>\$2,000.00</u> |
| <u>Weston Legal, PLLC</u> Person Who Was Paid <u>177 West Gray</u> Number Street <u>Houston, TX 77019</u> City State ZIP Code Email or website address <u>Debtor</u> Person Who Made the Payment, if Not You | Attorney's Fee, Filing Fee & Costs <u>04/24/2023</u> | <u>\$2,800.00</u> |
| <u>Dollar Learning Foundation, Inc</u> Person Who Was Paid <u>21550 Oxnard St Fl 1</u> Number Street <u>Woodland Hills, CA 91367-7100</u> City State ZIP Code Email or website address <u>Debtor</u> Person Who Made the Payment, if Not You | Credit Counseling Course <u>06/28/2023</u> | <u>\$15.00</u> |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name Case number (if known) _____

| | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---------------------|--|--|---|-----------------------------------|-------------------|
| Person Who Was Paid | | | | | |
| Number Street | | | | | |
| | | | | | |
| City State ZIP Code | | | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

| | | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|---|--|------------------------|
| <u>Sold on Craig's List</u> | | 2006 Chevrolet Express White Van | \$3,000.00 - used on attorney fees rest put in the bank | <u>3/2/2023</u> |
| Person Who Received Transfer | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Person's relationship to you | | | | |
| <u>No Relation</u> | | | | |
| <u>Sold to various buyers on FacebookMarket, Offer Up, Craig's List, Texas Gun Trader & Garage Sale</u> | | Sold various items: Honda Scooter, Kayak, 2 gun lockers, Ellie pool, Bumper, 2 display cases, Re-loader/ammo cans, Power strips (3), Vest, Vest, Armory, BRN Vest, side plates, Front bumper/grill, Power strips (2), Stealth boat, Black Bear Mount, Ammo, mags, ammo cans, Outdoor Kitchen, Stealth boat, Dust Collection System, 42" Fan, Moving Boxes, Floor fan, 42" Fan, Duck Decoys, Cooler, ammo can, Tailgate toolbox/4 pc foam 10 moving blankets, Shelves, Moving Blankets (20) Coca-Cola cooler, AB Doer, Shelf, Gun cabinet, RPD Drums (3), Honda Scooter, Light poles, Van Selves, Cart, Desk, motorcycle trunk, Motorcycle seat/windshield, 3 ammo cans/bullets /case, power strips (5), gun case, 16 foot table, Buffalo gun case, Gun cases, MEM BELLE AMP X OVER, (2) LG India Paintings, Binoculars, 2 Bullet proof vests, Bouncy House Fan, Blue Snyder | \$32,825.00 used on living expense and repairing home | <u>2022 - 2022</u> |
| Person Who Received Transfer | | | | |
| Number Street | | | | |
| City State ZIP Code | | | | |
| Person's relationship to you | | | | |
| <u>No Relation</u> | | | | |
| | | | | |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name Case number (if known) _____

| Description and value of property transferred | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|---|------------------------|
| Facebook Market Place Person Who Received Transfer | | Sold 2000 600C three wheel car \$1000 \$1000 paid tax debt with this | 3/11/2023 |
| Number Street | | | |
| City State ZIP Code | | | |
| Person's relationship to you No Relation | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

| Description and value of the property transferred | Date transfer was made |
|---|------------------------|
| Name of trust _____ _____ | _____ |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

| Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---------------------------------|---------------------------------------|--|---|
| XXXX- _____ | <input type="checkbox"/> Checking | _____ | _____ |
| | <input type="checkbox"/> Savings | | |
| | <input type="checkbox"/> Money market | | |
| | <input type="checkbox"/> Brokerage | | |
| | <input type="checkbox"/> Other _____ | | |
| Name of Financial Institution | | | |
| Number Street | | | |
| City State ZIP Code | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name Case number (if known)

| Who else had access to it? | | Describe the contents | Do you still have it? |
|--|--|-----------------------|---|
| Name of Financial Institution _____ Number Street _____ City State ZIP Code _____ | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name _____ Number Street _____ City State ZIP Code _____ | | | |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|---|--|-----------------------|---|
| Name of Storage Facility _____ Number Street _____ City State ZIP Code _____ | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Name _____ Number Street _____ City State ZIP Code _____ | | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

| Where is the property? | | Describe the property | Value |
|--|--|--|-------------------|
| Owner's Name <u>Mark Chaney</u> Number Street <u>20628 Main Street, Highway 86</u> City State ZIP Code <u>Venango, PA 16440</u> | | 1988 Ford F-350; belongs to brother and is sitting debtor's home, brother hasn't moved vehicle | <u>\$5,000.00</u> |
| Number Street _____ City State ZIP Code _____ | | | |

Debtor 1 **Carl** **Randolph** **Chaney**
 Debtor 2 **Sandra** **King** **Chaney**
 First Name Middle Name Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|--------|-----------------------------------|----------------|
| Name of site | | | |
| Governmental unit | | | |
| Number | Street | | |
| City State ZIP Code | | | |
| City | State | ZIP Code | |

25. Have you notified any governmental unit of any release of hazardous material?☒ No☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|--------|-----------------------------------|----------------|
| Name of site | | | |
| Governmental unit | | | |
| Number | Street | | |
| City State ZIP Code | | | |
| City | State | ZIP Code | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No☐ Yes. Fill in the details.

| | | | | |
|----------|---------------|-----------------|---------------|------------------------------|
| Debtor 1 | Carl | Randolph | Chaney | Case number (if known) _____ |
| Debtor 2 | Sandra | King | Chaney | |
| | First Name | Middle Name | Last Name | |

| Court or agency | Nature of the case | Status of the case |
|--|--|--|
| Case title _____ _____ Case number _____ | Court Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

| Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|--|--|---|
| | | |
| | Name of accountant or bookkeeper | Dates business existed |
| | | From _____ To _____ |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

| | Date issued |
|---|-------------------------|
| Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ MM / DD / YYYY |

Debtor 1
Debtor 2Carl
Sandra

First Name

Randolph
King

Middle Name

Chaney
Chaney

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Carl Randolph Chaney
Signature of Carl Randolph Chaney, Debtor 1

Date 08/30/2023

X /s/ Sandra King Chaney
Signature of Sandra King Chaney, Debtor 2

Date 08/30/2023

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|--|
| Creditor's name: <u>Discover Bank</u> | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: File Motion to Avoid Lien | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Description of property securing debt: <u>Residential homestead</u> <u>22727 Fincastle Dr. Katy, TX 77450</u> | | |
| Creditor's name: <u>Specialized Loan Servicing LLC</u> | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Description of property securing debt: <u>Residential homestead</u> <u>22727 Fincastle Dr. Katy, TX 77450</u> | | |

| | | | |
|----------|---------------|-----------------|---------------|
| Debtor 1 | Carl | Randolph | Chaney |
| Debtor 2 | Sandra | King | Chaney |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

/s/ Carl Randolph Chaney

Signature of Debtor 1

X

/s/ Sandra King Chaney

Signature of Debtor 2

Date 08/30/2023

MM/ DD/ YYYY

Date 08/30/2023

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re Chaney, Carl Randolph

Chaney, Sandra King

Case No. _____

DebtorChapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$2,800.00

Prior to the filing of this statement I have received \$2,800.00

Balance Due \$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of debtor in adversary proceedings, contested matters, and matters designated in the parties' representation agreement as not included, except with further fees and agreement between parties.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/30/2023
Date

/s/ Pete W. Weston
Pete W. Weston
Signature of Attorney

Bar Number: 21232300, SDTX 272
Weston Legal, PLLC
177 West Gray
Houston, TX 77019
Phone: (713) 623-4242

Weston Legal, PLLC
Name of law firm

Date: 08/30/2023

/s/ Carl Randolph Chaney
Carl Randolph Chaney

/s/ Sandra King Chaney
Sandra King Chaney

Fill in this information to identify your case:

| | | | |
|---|-----------------------------------|-----------------|---------------|
| Debtor 1 | <u>Carl</u> | <u>Randolph</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Sandra</u> | <u>King</u> | <u>Chaney</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.☐ Married and your spouse is NOT filing with you. You and your spouse are:☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | | | | | |
|--|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | <div>Copy here →</div> <u>\$0.00</u> |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> | | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | <div>Copy here →</div> <u>\$0.00</u> |
| | Debtor 1 | Debtor 2 | | | | | | | | | | | | |
| Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | | | | | | | | | | | | |
| Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |
| 7. Interest, dividends, and royalties | <u>\$0.00</u> | <u>\$0.00</u> | | | | | | | | | | | | |

Debtor 1
Debtor 2

| | | |
|---------------|-----------------|---------------|
| Carl | Randolph | Chaney |
| Sandra | King | Chaney |
| First Name | Middle Name | Last Name |

Case number (if known) _____

| | |
|-----------------|--|
| Column A | Column B |
| Debtor 1 | Debtor 2 or non-filing spouse |

| | |
|---------------|---------------|
| <u>\$0.00</u> | <u>\$0.00</u> |
|---------------|---------------|

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you..... \$0.00For your spouse..... \$2,253.00

| | |
|---------------|-------------------|
| <u>\$0.00</u> | <u>\$1,646.12</u> |
|---------------|-------------------|

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

| | | |
|-------------------------------|---------------|-----------------|
| <u>Medical Reimbursements</u> | <u>\$0.00</u> | <u>\$278.89</u> |
|-------------------------------|---------------|-----------------|

Total amounts from separate pages, if any.

| | | | |
|---|-----------------|---|-----------------|
| + | <u> </u> | + | <u> </u> |
|---|-----------------|---|-----------------|

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

| | | | | |
|---------------|---|-------------------|---|-------------------|
| <u>\$0.00</u> | + | <u>\$1,925.01</u> | = | <u>\$1,925.01</u> |
|---------------|---|-------------------|---|-------------------|

Total current
monthly income**Part 2:** Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \$1,925.01

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$23,100.12**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household..... 13.

\$77,611.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Debtor 1

Carl

Randolph

Chaney

Debtor 2

Sandra

King

Chaney

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Carl Randolph Chaney

Signature of Debtor 1

Date 08/30/2023

MM/ DD/ YYYY

X /s/ Sandra King Chaney

Signature of Debtor 2

Date 08/30/2023

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

American Express
PO BOX 981535
El Paso, TX 79998-1535

American Medical Response
6363 S Fiddlers Green Cir Fl 14
Greenwood Village, CO 80111

Apria Health Care/Arstrat LLC
PO BOX 802017
Chicago, IL 60680-2017

Arstrat LLC
PO BOX 790113
St. Louis, MO 63179-0113

Bank of America
PO BOX 982235
El Paso, TX 79998-2235

BDS Towing & Recovery LP
9349 Dilly Shaw Tap Rd,
Bryan, TX 77808

Best Buy
PO BOX 790441
St. Louis, MO 63179-0441

Brown & Associates
PO BOX 421849
Houston, TX 77242-1849

CACH, LLC
PO BOX 4115, DEPT 940
Concord, CA 94524

Capital One Bank (USA) N.A.
1680 Capital One Dr
McLean, VA 22102-3407

CARDIOVASCULAR CARE
PROVI
1331 West Grand Parkway North. Suite
130
Katy, TX 77493-2711

Cavalry SPV I, LLC
1100 Superior Avenue, 19th floor
Cleveland, OH 44114-2531

CF Medical LLC
PO BOX 361450
Indianapolis, IN 46236-1450

Citibank, Cavalry SPV I, LLC
PO BOX 390846
Minneapolis, MN 55439

Citibank/Best Buy
Centralized Bankruptcy
PO Box 790034
St Louis, MO 63179-0034

Comcast Communications
1130 Northchase Parkway, Suite 150
Marietta, GA 30067

Comenity Bank/Kingsize
ATTN: Bankruptcy Dept
PO Box 182125
Columbus, OH 43218

Comenity Bank/Woman
Within
PO BOX 182125
Columbus, OH 43218-2125

Discover
6500 New Albany Rd E
New Albany, OH 43054-8730

Discover Bank
80 Minuteman Road
Andover, MA 01810

First National Collection
Bureau, Inc.
50 West Liberty Street, Suite 250
Reno, NV 89501

FMA Alliance, Ltd.
12339 Cutten Road
Houston, TX 77066

Gander Mountain/Portfolio
Recovery Assoc
PO BOX 12914
Norfolk, VA 23541

Houston Methodist
PO BOX 3133
Houston, TX 77253-3133

Javitch Block, LLC
1100 Superior Avenue, 19th floor
Cleveland, OH 44114-2531

Javitch Block, LLC
c/o Eric S Peterson
275 W Campbell Rd Ste 312
Richardson, TX 75080-3601

Massey's
PO BOX 2822
Monroe, WI 63666-8022

Medical Chest Associates
902 Frostwood, Suite 172
Houston, TX 77024-2402

Medical Colleagues of Texas,
L.L.P.
21700 Kingsland Blvd., Suite 201
Katy, TX 77450-2547

Memorial Hermann
909 Frostwood Drive Suite 3:100
Houston, TX 77024

Memorial Hermann
PO BOX 4370
Houston, TX 77210-4370

Memorial Hermann H
PO BOX 4370
Houston, TX 77210-4370

Memorial Hermann Hospital
909 Frostwood Drive Suite 3:100
Houston, TX 77024

Memorial Hermann Hospital
PO BOX 4370
Houston, TX 77210-4370

Memorial Hermann Medical
Group
PO BOX 1400 ATTN18565J
Belfast, ME 04915-4033

Memorial Hermann Patient
Business Serv
PO BOX 4370
Houston, TX 77210-4370

Memorial MRI and Diagnostic
21820 Katy Freeway
Katy, TX 77449-7774

Memorial Pathology
Consultants
PO BOX 671130
Dallas, TX 75267-1130

Merrick Bank/CCHoldings
Attn: Bankruptcy
P.O. Box 9201
Old Bethpage, NY 11804-9001

Methodist Pathology Assoc
PLLC
PO BOX 4701
Houston, TX 77210-4701

Michael P Macris, MD PA
915 Gessner, Suite 170
Houston, TX 77024-2666

Midland Credit Mgmt, Inc.
Attn: Bankruptcy
PO Box 939069
San Diego, CA 92193

Midland Funding LLC
PO BOX 115220
Carrollton, TX 75011-5220

National Enterprise Systems
PO BOX 36
Twinsburg, OH 44087-0036

Nottingham Dental, PLLC
20501 Katy Fwy 104
Katy, TX 77450

Oncology Consultants, PA
925 Gessner, Suite 600
Houston, TX 77024

Paramount Recovery
Attn: Bankruptcy
PO Box 23369
Waco, TX 76702

Phoenix Financial Services
LLC
PO BOX 361450
Indianapolis, IN 46236-1450

Portfolio Recovery
120 Corporate Blvd Ste 120
Norfolk, VA 23502-4952

Portfolio Recovery Associates
LLC
Centralized Bankruptcy
PO Box 790034
St Louis, MO 63179-0034

Portfolio Recovery Associates,
LLC
120 Corporate Blvd.
Norfolk, VA 23541

Portfolio Recovery Associates,
LLC
PO BOX 12914
Norfolk, VA 23541

Portfolio Recovery Associates,
LLC
120 Corporate Blvd
Norfolk, VA 23502-4952

Radiology Partners Houston
PO BOX 208108
Dallas, TX 75320-8108

Radius Global Solutions, LLC
PO BOX 390846
Minneapolis, MN 55439

Rausch Sturm
15660 Dallas Pkwy Ste 350
Dallas, TX 75248-3344

Rausch Sturm
c/o Fallon Hamilton
15660 N. Dallas Pkwy Ste 350
Dallas, TX 75248-3344

Rausch,Sturm
15660 North Dallas Parkway
Dallas, TX 75248

Rausch,Sturm
15660 North Dallas Parkway, Suite 350
Dallas, TX 75248

Scheer, Green & Burke, Co.
L.P.A.
1 Seagate
Toledo, OH 43604-1558

Scott & Associates PC
c/o Naomi Lara
P. O. Box 115220
Carrollton, TX 75011-5220

Scott & Associates, P.C.
Teri S Mace
Po Box 115220
Carrollton, TX 75011-5220

Scott & Associates, PC
PO BOX 115220
Carrollton, TX 75011-5220

Scott & Associates, PC
PO Box 115220
Carrollton, TX 75011-5220

Scott & Associates, PC
c/o Vince Handler
Po Box 115220
Carrollton, TX 75011-5220

Scott, Parnell & Associates,
P.C.
PO Box 115220
Carrollton, TX 75011-5220

Specialized Loan Servicing
LLC
Attn: Bankruptcy
P.O. Box 630147
Littleton, CO 80163-0147

Synchrony Bank/Amazon
PO BOX 71711
Philadelphia, PA 19176-1711

Synchrony Bank/Amazon
Attn: Bankruptcy Dept
PO Box 960013
Orlando, FL 32896

Texas A&M Veterinary A/R
PO BOX 36788
Rock Hill, SC 29732-0512

Todd, Bremer & Lawson, Inc.
PO BOX 36788
Rock Hill, SC 29732-0512

US Bank
PO BOX 108
St. Louis, MO 63166-0108

US Bank/RMS
Attn: Bankruptcy
PO Box 5229
Cincinnati, OH 45201-5229

UT Physicians
915 Gessner, Suite 585
Houston, TX 77024

Village MD of Southeast Texas
PO BOX 14000
Belfast, ME 04915-4033

Waypoint Resource Group
PO BOX 8588
Round Rock, TX 78683

Waypoint Resource Group
Attn: Bankruptcy 301 Sundance Pkwy
Round Rock, TX 78683

Zwicker & Associates
c/o Juli Mathew
14090 Southwest Freeway Ste 408
Sugar Land, TX 77478

Zwicker & Associates, P.C.
PO BOX 9013
Andover, MA 01810

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: Chaney, Carl Randolph
Chaney, Sandra King

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 08/30/2023 Signature /s/ Carl Randolph Chaney
Carl Randolph Chaney, Debtor

Date 08/30/2023 Signature /s/ Sandra King Chaney
Sandra King Chaney, Joint Debtor